

ROUTINE VENDOR MONITORING REPORT_____**GROCERY**_____**SPECIAL PURPOSE**Type of Visit: ____Routine Monitoring ____Educational Buy ____1st Visit ____2nd Visit ____3rd Visit ____4thVisit

Print Name and Title of

Store Associate Interviewed: _____Monitoring Date: _____

Monitoring Question	Response	Comments (Use back of sheet for additional comments)
Does the store have a WIC Vendor decal visibly displayed?	Yes / No	
Are the store's hours posted? (Minimum of 2-four hour blocks of time on each of 5-days per week)	Yes / No	
Does store (Grocery Vendor) stock at least four of the following categories of items: paper products, cleaning materials, canned and, frozen vegetables, dairy products, cereals and bread items?	Yes / No	
Does Grocery Vendor stock minimum quantities and varieties of Iowa WIC approved foods? (Review Iowa APL and Minimum stocking requirements.)	Yes / No	
Are any of the APL products and formula stale, moldy or outdated?	Yes / No	
Does the vendor have a pharmacy on premise?	Yes / No	
If not, is the store able to order and receive special needs formula within 48-hours, 72-hours if a weekend or holiday are Involved.	Yes / No	
Does the vendor issue receipts and require receipts for return of items? (Items purchased with WIC funds may only be exchanged for the exact item they purchased and the participant may not receive cash, rain checks, store credit or IOUs.).	Yes / No	
Does the store price mark each item or are shelf tags used to Identify items? (Shelf identification tags must include product description, size and price.)	Yes / No	
Does the store correctly use WIC Approved Items signage? (If WIC ID tags are used, all items in a category must be signed.)	Yes / No	

Circle the appropriate response below

How does the vendor handle WIC questions?	Contacts State WIC Office		Contacts Local WIC Office		Submits WIC Comment Card	
Who conducts WIC training for the store after the initial training?	Store staff using State WIC materials.		Store staff using Company and State WIC training materials.		Corporate staff using Company and State WIC training materials.	
WIC Training Materials requested by vendor:	Comment Cards	WIC Training CD/DVD	Food Flyers English / Spanish	New WIC Stamp	WIC Decal	State WIC Training
Who at store level is responsible for new associate WIC training?	Print Name and Title					
Does the store have scanning equipment?	Yes / No	Number of front-end registers		Do front-end registers identify WIC Approved Items?	Yes / No	

Store Associate Signature: _____

Store Associate Printed Name: _____

WIC Representative Signature: _____

WIC Representative Printed Name: _____

Report Reviewed by State WIC Staff: _____Date: _____

WIC Formula Price Survey

Product name	Container Size	Shelf retail	Product name	Container Size	Shelf retail
Similac Adv. 0-70074-56974-1	13 oz. Concentrate		Similac Advance 8-oz 0-70074-58614-4	6-Pack Sleeve	
Similac Adv. 0-70074-53364-3	32 oz. RTF		Similac Advance 0-70074-55958-2	12.9oz Powder	
Similac Adv. 0-70074-55958-2	12.4 oz Powder		Gerber Good Start "2" SOY 0-50000-62270-2	24 oz. Powder	
Isomil Adv.	13 oz. Concentrate		Good Start SOY 0-50000-03458-1	12.1 oz. Concentrate	
Isomil Sensitive Soy	32 oz. RTF		Good Start SOY 0-50000-03530-4	12.9 oz. Powder	
Isomil Adv.	12.9 oz Powder		Good Start SOY 0-50000-35355--2	33.8 oz. RTF	
Similac Sensitive RS	12.9 oz Powder		Similac Sensitive for Spit Up	12.3 oz. Powder	
Similac Sensitive For Spit Up	32 oz. RTF		Similac Human Milk Fortifier Powder	50 packet inner carton	
Similac Expert Care Alimentum	16 oz Powder		Pregestimil 3-00870-36721-1	16 oz. Powder	
Similac Expert Care Alimentum	32 oz. RTF		Pregestimil 20 calorie	2 oz. RTF	
Pregestimil 24 calorie	2 oz. RTF		Neocate Junior	8 oz.	
Neosure 0-70074-57456-1	32 oz. RTF		Enfamil	32 oz. RTF	
Enfamil	13 oz. Concentrate		Enfamil	12.9 oz Powder	
Nutramigen 3-00871-49801-3	13 oz. Concentrate		Nutramigen 3-00871-49901-0	32 oz. RTF	
Nutramigen 3-00871-23941-8	12.6 oz. Powder		Boost 8 oz	4 or 6 Pack	
Pediasure	8 oz. RTF (6/8oz)		Pediasure (w/fiber)	8 oz. RTF (6/8oz)	
Printed Name of person conducting survey:					
Signature of person conducting survey:					
Date:					

Special Purpose Vendors are not required to maintain a minimum formula inventory level.

Comments:

Additional comment on attached sheet